



2006 Volleyball Registration

- ☺ FIRST PRACTICE IS Sunday, March 26th
- ☺ LOCATION: OAK MIDDLE TIME: 4:30 – 5:30 PM

REGISTRATION DEADLINE IS Monday, March 20th

REGISTRATIONS MUST BE RECEIVED PRIOR TO THE FIRST PRACTICE

NO REGISTRATIONS WILL BE ACCEPTED AFTER MARCH 20th

ATHLETES MUST BE AT LEAST 16 YEARS OLD TO PARTICIPATE

NOTE: Athletes must have the ability to serve and volley to be considered for the competitive team.

ATHLETES THAT WERE ON THE TEAM LAST YEAR ARE GUARANTEED A SPOT THIS YEAR AS LONG AS THE REGISTRATION FORM IS RECEIVED BY THE DEADLINE ABOVE.

- ☺ WATCH THE WEB SITE FOR UPDATES ON THE SCHEDULE AT:

- www.shrewsbury-ma.gov/parkrec/special.asp

A SECOND (PRACTICE ONLY) TEAM IS CONTINGENT ON RESPONSE. ATHLETES MUST BE AT LEAST 16 YEARS OLD AND EXHIBIT THE POTENTIAL PHYSICAL ABILITY TO PLAY THIS SPORT. VOLUNTEERS WILL BE NEEDED TO COACH AND TRAIN WITH THE PRACTICE TEAM.

Registration forms can be dropped off or mailed to the Town Hall

Shrewsbury Parks & Recreation

100 Maple Ave, Shrewsbury MA 01545

Shrewsbury Parks & Recreation – Special Needs Program

2006 ATHLETE FORM FOR VOLLEYBALL BALL REGISTRATION

Athlete Fee: \$60 (Practice, Assessment Rounds and State Tournament)

\$30 (Practice Only)

Name of Athlete: _____

Date of Birth _____

Name of Parent or Guardian _____

Emergency Contact Phone Number _____

You will participate in practices only ☐ (\$30.00)

You will participate in practices, assessment rounds & state tournament ☐ (\$60.00)

Address: _____

Phone Number: _____ **E-mail:** _____

Waiver: Participant or parent hereby states that he or she understands the physical nature of the activity as well as any risk involved, that the participant is accustomed to such activity or has consulted a physician as to the advisability of participation. Parent hereby consents to medical treatment for children listed above in the event of illness or injury. Please list any medical/allergies/special needs the staff should be aware of to make your participation a success. I understand the rules/policies stated above and agree to follow them accordingly.

Parent or Guardian Signature: _____ Date: _____

IMPORTANT NOTE: PARENTS ARE RESPONSIBLE FOR SUPPLYING, OR ARRANGING FOR, TRANSPORTATION FOR THEIR ATHLETE TO ASSESSMENT ROUNDS.